



## TRAC SUMMARY REPORT PSI DASHBOARD

KAZAKHSTAN, KYRGYZSTAN, TAJIKISTAN (2010): HIV AND TB TRAC  
STUDY AMONG MEN WHO HAVE SEX WITH MEN IN ALMATY,  
BISHKEK, CHUI, AND DUSHANBE.

ROUND 1

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**Kazakhstan, Kyrgyzstan, Tajikistan (2010): HIV and TBTRaC Study among Men  
who Have Sex with Men in Almaty, Bishkek, Chui, and Dushanbe. Round 1.**

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## ACRONYMS

ANOVA	Analysis of variance
MARPs	Most at-risk populations
MDR-TB	Multidrug-resistant TB
MSM	Men who have sex with men
PSI	Population Services International
RDS	Respondent-driven sampling
TB	Tuberculosis
TRaC	Tracking Results Continuously
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

## SUMMARY

### BACKGROUND ON HEALTH ISSUE

Eastern Europe and Central Asia is currently faced with the fastest growing HIV epidemic in the world. Driven primarily by injecting drug use, the HIV epidemic in this area travels along the heroin trafficking routes – running from Afghanistan through Tajikistan, Uzbekistan, Kyrgyzstan and Kazakhstan.

These four Central Asian countries also report epidemic levels of tuberculosis (TB) among their general populations – i.e. above 110 cases per 100,000 – and high levels of multidrug-resistant TB (MDR-TB). Case detection rates and treatment success rates, furthermore, fall below the WHO targets.

### DESCRIPTION OF INTERVENTION

Addressing these health issues, PSI/CAR is implementing a 5-year USAID Dialogue on HIV and TB Project targeting populations most-at-risk for contracting HIV and TB (injecting drug users, female sex workers, migrants, prisoners, and people living with HIV/AIDS) in Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan. The purpose of the project is to reduce risk behaviors associated with HIV transmission and to increase the utilization of HIV and TB testing and treatment services among most at-risk populations (MARPs).

USAID Dialogue on HIV and TB Project is working towards this goal through a combination of evidence-based activities: inter-personal communications (outreach, mini sessions, long-format sessions and ‘edutainment’ events); informational-educational communications (informational booklets and leaflets); distribution of condoms and needles/syringes; referrals for HIV testing, TB testing and drug treatment; social escorts for testing; and case management for TB treatment.

### RESEARCH OBJECTIVES

The purpose of this study is to provide a baseline assessment of the relevant health behaviors and behavioral determinants, as well as the exposure to existing HIV and TB prevention programs among men who have sex with men (MSM) in Kazakhstan, Kyrgyzstan, and Tajikistan.<sup>1</sup>

### METHODOLOGY

The study is based on data collected in 2010. The study population for this tracking study was defined as MSM aged 18 and above living in the following cities: Almaty (in Kazakhstan); Bishkek and Chui (in Kyrgyzstan); and Dushanbe (in Tajikistan). Respondents were recruited through respondent-driven sampling (RDS) – a chain-referral procedure whereby samples are selected from social networks of MSM. The total sample size was 783.

Variables that significantly contribute to the explanation of variance in the major behaviors of interest (i.e., condom use and VCT utilization) were identified based on

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<sup>1</sup> Data was not collected in Uzbekistan due to activities being delayed.

logistic regressions and ANOVAs. Odds ratios measuring the strength of association for each significant variable are reported.<sup>2</sup>

## MAIN FINDINGS

The **monitoring tables** for condom use, VCT utilization, and TB testing and treatment highlight the following:

### *Condom Use*

- ⌘ A low proportion of respondents in each country reported condom use during last anal sex with another man (57.1% in Kazakhstan, 47.8% in Kyrgyzstan, and 24.9% in Tajikistan). A somewhat lower proportion reported condom usage *from start to finish* during last anal sex with another man (52.6% in Kazakhstan, 35.6% in Kyrgyzstan, 15.2% in Tajikistan).
- ⌘ Among respondents in Kazakhstan and Kyrgyzstan, consistent condom usage for vaginal or anal sex differed depending on the type of partner. The percentage of respondents who consistently used condoms was highest with commercial partners (81.6% and 66.7%, respectively), lower with casual partners (55.1% and 44.9%), and lowest with regular partners (20.8% and 23.1%).
- ⌘ Among respondents in Tajikistan, consistent condom use was quite low with all types of partners (regular 2.8%, casual 29.7%, and commercial 3.6%). Condom use with commercial partners was particular low in comparison to the respondents in Kazakhstan and Kyrgyzstan (81.6% and 66.7%, respectively), and of particular concern given the high percentage of respondents who had ever had commercial sex (83.0% in Tajikistan, in contrast to 24.2% in Kazakhstan and 24.4% in Kyrgyzstan).
- ⌘ Consistent condom use during oral sex was generally low across all three countries.
- ⌘ Only 52.6% of respondents in Tajikistan reported using lubricant with condoms. More respondents used lubricant in Kazakhstan and Kyrgyzstan (83.0% and 74.1%, respectively).
- ⌘ Intentions to use condoms (for sex generally in the future and with the following types of partners: unfamiliar partners, casual partners, and commercial partners) were quite high in all three countries (ranging from 3.49 to 3.70).
- ⌘ Attitudes towards condom use with familiar and trusted partners were negative in Kazakhstan (2.21) and Kyrgyzstan (2.15) meaning that respondents' were not positively disposed towards using condoms with these kinds of partners. Attitudes towards condom use with such partners were more positive in Tajikistan (2.65).
- ⌘ Social norms around condom use with regular and casual partners were low in Kazakhstan and Kyrgyzstan (1.69 and 1.78, respectively) and higher in Tajikistan (2.40).
- ⌘ The availability of condoms was reported to be low in Tajikistan "after pharmacies close" (1.85). Respondents in Tajikistan also felt generally uncomfortable buying or getting condoms "in a public place" (2.15), "from a free health facility" (2.15), or "close to home" (2.25). Only 48.8% of respondents in Tajikistan (in contrast to 89.6% in Kazakhstan and 75.6% in Kyrgyzstan) had ever bought condoms.

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<sup>2</sup> For more details about the methodology and data collection, please contact Leila Koushenova for a copy of the study design document.

- ∴ Knowledge of HIV transmission routes was high in the three countries. There were, however, a few notable misconceptions: Only 78.5% of respondents in Kyrgyzstan knew that HIV can be transmitted from a single sex act, and only 78.5% of respondents in Kazakhstan knew that HIV cannot be transmitted by sharing utensils or food with an infected individual.
- ∴ 8.3% of respondents in Kazakhstan, 13.7% in Kyrgyzstan, and 4.2% in Tajikistan suspected having an STI in the past 12 months. Of those who suspected having an STI, 75.0% of respondents in Kazakhstan, 60.7% in Kyrgyzstan, and 50.0% in Tajikistan sought medical services.
- ∴ A small number of respondents in each country had ever injected drugs (2.1% in Kazakhstan, 1.0% in Kyrgyzstan, 4.5% in Tajikistan).

#### *VCT Utilization*

- ∴ A small proportion of respondents in Kyrgyzstan and Tajikistan got tested for HIV in the last 12 months (23.9% and 12.8%, respectively). The proportion of respondents in Kazakhstan who got tested in the last 12 months was greater (40.8%).
- ∴ Though the number of respondents in Tajikistan who got tested for HIV was low, a large proportion of those respondents (75%) received counseling services at the test center. The percentage of respondents in Kazakhstan and Kyrgyzstan who received counseling at the test center was small (43.1% and 43.2%, respectively).
- ∴ Contrary to the low testing numbers in Tajikistan, social norms for HIV testing and disclosing one's status were high in Tajikistan (3.06) and lower in Kazakhstan (2.61) and Kyrgyzstan (2.80).
- ∴ The social support received for testing and disclosing one's status was also high in Tajikistan (3.46) and lower in Kazakhstan (2.46) and Kyrgyzstan (2.88).
- ∴ Potentially contributing to the low testing numbers in Tajikistan, the respondents there generally had low beliefs about who needs to get tested for HIV (2.18, compared to 3.17 in Kazakhstan and 2.95 in Kyrgyzstan). More specifically, those who wrongly believed in the following statements was higher in Tajikistan: that VCT is only for people who are HIV positive; that VCT is only for promiscuous people; and that one should only go for VCT when feeling ill.
- ∴ Levels of encouragement for HIV testing given by respondents to partners and friends were high in each country (2.96 to partners and 2.91 to friends in Kazakhstan; 3.42 and 3.40 in Kyrgyzstan; and 3.27 and 3.32 in Tajikistan).
- ∴ Confidence that they could go and get tested for HIV was high among respondents in the three countries (3.87 in Kazakhstan; 3.65 in Kyrgyzstan; and 3.50 in Tajikistan).
- ∴ Those reporting intending to get tested for HIV in the next 12 months, however, was low in all three countries – 68.2% in Kazakhstan, 81.0% in Kyrgyzstan, and 72.7% in Tajikistan.

#### *TB Testing and Treatment*

- ∴ 37.7% of respondents in Kazakhstan, 36.1% in Kyrgyzstan, and 15.9% in Tajikistan got tested for TB in the last 12 months.
- ∴ 24.2% of respondents in Kazakhstan, 42.0% in Kyrgyzstan, and 19.7% in Tajikistan reported feeling at risk for TB.
- ∴ The majority of respondents in each country felt they could access TB testing and treatment (87.9%, 93.7%, and 83.3%) and receive proper TB treatment if needed (69.9%, 68.8%, and 75.4%).

- ⌘ A minority of respondents in each country reported that they could tell family members and friends if they had TB. A larger proportion felt, however, that their family would provide support if they tested positive for TB (89.6%, 94.1%, 86.2%).
- ⌘ A large percentage of respondents said they would encourage family/friends for TB testing (90.0%, 93.2%, and 87.2%).
- ⌘ Respondents' overall knowledge related to TB transmission routes, symptoms, and treatment was high across all three countries. There were, however, a few key misconceptions. A sizable proportion incorrectly thought that TB can be transmitted by eating or shaking hands with someone and did not know that TB can relapse if treatment is stopped before completion.
- ⌘ Only a small proportion of respondents in Tajikistan knew that anyone can get TB (53.6%) and that people with HIV are more at risk of contracting TB (69.6%).
- ⌘ A small proportion of respondents in each country knew that TB medication is provided free of charge.

The results of the **segmentation analysis** indicate the following:

The probability of MSM having used a condom from start to finish during last anal sex with another man increases with:

- ⌘ *Social support received for condom use.* Those who receive social support for condom use, as opposed to those who do not, are more likely to have used a condom at last anal sex with a male partner. The respective means are 3.29 and 3.13 ( $p < .001$ ).
- ⌘ *Self-efficacy for negotiating condom use and refusing sex without a condom.* Those who possess such skills are more likely to use condoms than those who do not. The respective means are 3.20 and 2.82 ( $p < .01$ ).
- ⌘ *Responsible attitudes towards condom use with familiar and trusted partners.* MSM who see the importance of using condoms with familiar and trusted partners (i.e., partners they trust, casual partners that are trustworthy, and sexual partners with whom they've been for at least three months) are more likely to have used condoms at last anal sex with another man than those who do not consider condom use with such partners necessary. The respective means are 2.39 and 2.21 ( $p < .01$ ).
- ⌘ *Intentions to use condoms.* Predictably, MSM who intend to use condoms are more likely to use condoms than those who do not have such intentions. The respective means are 3.68 and 3.58 ( $p < .05$ ).
- ⌘ *Age over 26.* MSM over 26 are more likely to have used a condom at last anal sex with a male partner than those under 26 (53.7% versus 39.9%, respectively,  $p < .01$ ).

The probability of MSM having been tested for HIV and received results in the last 12 months increases with:

- ⌘ *Knowing where to go for VCT.* MSM who know where to go for VCT are more likely to have been tested for HIV and received results in the last 12 months than those who do not know where to go. The respective means are 3.25 and 3.12 ( $p < .05$ ).
- ⌘ *Social support given to friends and partner(s) for HIV testing.* MSM who would encourage their partner(s) and friends to get tested for HIV are more likely to get tested than those who do not give such social support. The respective means are 3.57 and 3.14 ( $p < .001$ ).



- Age over 26. MSM over 26 are more likely than those under 26 to have been tested for HIV and received results in the last 12 months (53.3% versus 42.9%,  $p < .05$ ).

The **exposure** table reveals the following:

- In Kazakhstan, exposure to existing HIV and TB prevention activities was minimal in the last 12 months. While around 20 to 30% of respondents had received free condoms and brochures on HIV/AIDS, less than 10% of respondents had been exposed to other activities such as TB brochures; long-format educational sessions on HIV/AIDS and TB; TB counseling; client management; and organized events. The proportion of respondents who had participated in client management was particularly low (1.7%).
- In Tajikistan, approximately 20% of respondents had exposure to the variety of existing activities. Organized events reached a larger proportion of respondents (39.4%).
- A higher proportion of respondents were reached by existing HIV and TB prevention activities in Kyrgyzstan compared to Kazakhstan and Tajikistan. Approximately 65% of respondents had received free condoms and brochures on HIV/AIDS. Around 45% had received brochures on TB, participated in long-format educational sessions on HIV/AIDS, received TB counseling, and participated in organized events. About 20% had participated in long-format educational sessions on TB and client management.

The **population characteristics** reveal that

- A large proportion of respondents in Tajikistan have a low level of education. 12.7% of respondents in Tajikistan never attended school, and 14.8% of respondents only attended primary school.

## PROGRAMMATIC RECOMMENDATIONS

The following are programmatic recommendations – grounded on the monitoring data and segmentation analyses, and created together by research and program staff.

- Tailor different services to MSM with particular characteristics.** Younger MSM should be targeted. According to the segmentation analyses, MSM 26 years and under were less likely to have been tested for HIV in the last 12 months and less likely to have used a condom from start to finish during last anal sex with another man.
- Focus all activities and materials on priority determinants.**
  - HIV testing: In order to increase the number of MSM who get tested for HIV every 12 months, increase the social support MSM receive and give for HIV testing.
  - Condom use: In order to increase the number of MSM who report condom use at last sex, increase positive attitudes towards using condoms with familiar and trusted partners in addition to increasing their self-efficacy for negotiating condom use and refusing sex without a condom.
- Address each priority determinant in the following manner:**
  - Social support received and given for HIV testing: organize sessions on the “VCT experience” that provide an opportunity for MSM who have been tested to share their experiences with those who have not been tested and for those not tested to express any concerns they may have

- regarding testing. Additionally, encourage MSM to encourage their partners to get tested for HIV;
2. Attitudes towards using condoms with familiar and trusted partners: Conduct activities to spread the following messages: That any partner – no matter how trustworthy – could have HIV; that you can protect yourself and your partner by using condoms; and that you are personally at risk for being infected with HIV if you have had sex even once without a condom;
  3. Self-efficacy for negotiating condom use and refusing sex without a condom: Work on negotiation skills for convincing sexual partners to use condoms and saying no if, despite your persuasion attempts, your partner refuses to use a condom for sex.
- ⚡ **Only communicate a few messages per session or event.** Too many messages during one session can overwhelm the recipient and cause little to be remembered. Rotate key messages each quarter for mini-sessions, long-format sessions, and edutainment events. Distribute IEC materials that correspond to the key message(s);
  - ⚡ **Create more than one activity per priority determinant for long-format sessions and mini-sessions.** Effective behavior change comes with repeated exposure to the same message conveyed through varied means. By having a number of activities for each topic, the same persons can repeatedly hear the same message, but in a fresh manner each time. Varying activities will also help prevent burnout from the outreach workers.
  - ⚡ **Communicate all messages in a clear, concise, and simple manner.** When creating printed materials or interacting with MSM face-to-face, we should be attentive to the fact that there are MSM who have received little or no education. In Tajikistan, 12.7% of respondents have received no education and 14.8% have only attended a part of or not more than primary school. Though a larger proportion of the respondents in Kazakhstan and Kyrgyzstan are educated, we should still remember to communicate messages in a clear and concise manner to better ensure comprehension and retention of important, life-saving information.

**Monitoring Table 1**

Consistent condom use among MSM in Kazakhstan, Kyrgyzstan, Tajikistan, 2010

**Risk Group: Men who have sex with men****Behavior: Consistent condom use**

INDICATORS	Total N=783	Kazakhstan N=289	Kyrgyzstan N=205	Tajikistan N=289
<b>BEHAVIOR/USE</b>				
<b>SEXUAL BEHAVIORS AND BEHAVIORS RELATED TO SEXUAL HEALTH</b>				
<b>First sex</b>				
Mean age of first sex	17.2	17.4	17.4	16.6
Male as first sexual partner	61.0	55.4	56.6	69.9
Mean age of first sexual partner	20.8	20.2	21.3	21.3
Ever used a condom	96.3	97.9	97.1	94.1
Of those ever used a condom, used condom at first sex	28.1	37.6	34.7	12.4
<b>Last anal sex</b>				
Used condom during last anal sex with another man	42.8	57.1	47.8	24.9
Used condom from start to finish during last anal sex with another man	34.4	52.6	35.6	15.2
<b>Sexual partners</b>				
Mean number of sexual partners in last 12 month	33.0	10.3	10.2	74.7 <sup>3</sup>
Mean number of male sexual partners in last 12 months	29.7	9.4	7.9	69.0 <sup>4</sup>
Mean number of female sexual partners in last 12 months	3.3	0.9	2.5	6.6 <sup>5</sup>
<b>Regular partners</b>				
Had regular partner(s) in last 12 months	92.7	88.0	91.0	99.6
Mean number of regular partners in last 12 months	3.8	2.1	2.9	6.7
Mean number of male regular partners in last 12 months	3.27	2.2	2.3	5.1
Mean number of female regular partners in last 12 months	1.0	0.2	0.85	1.82
Always uses condom for sex (vaginal or anal) with regular partners	14.2	20.8	23.1	2.8
Always uses condom for oral sex with regular partner	6.3	6.3	13.0	1.9
<b>Casual partners</b>				
Had casual partner(s) in last 12 months	75.5	56.9	81.0	93.2
Mean number of casual partners in last 12 months	9.1	3.3	4.5	19.8

<sup>3</sup> The range was 1 - 800. There were 44 respondents who had more than 100 partners. The median is 26.<sup>4</sup> The range is 1 - 800. There were 43 who had more than 100 partners. The median is 23.<sup>5</sup> The range is 1 - 90. There were 16 respondents who had more than 30 partners. The median is 1.

Mean number of male casual partners in last 12 months	11.2	5.8	4.5	20.2
Mean number of female casual partners in last 12 months	0.9	0.3	0.96	1.29
Always uses condom for sex (vaginal or anal) with casual partners	40.8	55.1	44.9	29.7
Always uses condom for oral sex with casual partner	9.9	10.8	22.2	3.3
<b>Commercial partners</b>				
Had commercial partner(s) in last 12 months	41.7	15.5	15.1	95.0
Ever had commercial sex	46.0	24.2	24.4	83.0
Mean number of commercial partners in last 12 months	8.1	1.5	0.5	22.2
Mean number of male commercial partners in last 12 months	17.5 (n=301)	8.1 (n=45)	2.4 (n=30)	21.4 (n=226)
Mean number of female commercial partners in last 12 months	2.0 (n=301)	1.1 (n=47)	0.93 (n=29)	2.3 (n=225)
Always uses condom for sex (vaginal or anal) with commercial partners	19.7 (n=355)	81.6 (n=49)	66.7 (n=30)	3.6 (n=276)
Always uses condom for oral sex with commercial partner	12.9 (n=318)	49.0 (n=49)	37.5 (n=24)	3.3 (n=245)
<b>OTHER RELATED BEHAVIORS</b>				
Ever experienced condom slippage during sex	33.5	24.9	21.5	50.5
Ever experienced condom breakage during sex	36.4	36.7	24.4	44.6
Uses lubricant with condom	69.5	83.0	74.1	52.6
Circumcised	61.6	38.4	50.7	92.4
Ever had sexual intercourse after drinking alcohol	77.1	84.8	82.4	65.7
Ever had sexual intercourse after taking some kind of drug	15.2	31.1	6.3	5.5
Ever bought condoms	70.9	89.6	75.6	48.8
Visited gay or bi-sexual internet website at least once a week in last 12 months	31.9	49.5	44.4	5.5
<b>OPPORTUNITY</b>	<b>Mean</b>	<b>Mean</b>	<b>Mean</b>	<b>Mean</b>
<b>Availability</b>				
<i>General availability of condoms</i>	3.35	3.58	3.33	3.13
Condoms are available within 10 minutes of where I hang out	3.26	3.50	3.21	3.05
Pharmacies near my home always have condoms for sale	3.43	3.70	3.40	3.17
Condoms are always available in pharmacies nearby	3.48	3.74	3.43	3.26
It is always easy to get a condom when I need one	3.20	3.42	3.21	2.96
Condoms are easily available all times of the day	3.37	3.53	3.40	3.18
<i>Availability of condoms at night and at local drinking location</i>	2.69	3.07	2.86	2.19
Condoms are always available at my local drinking place	2.72	3.07	2.89	2.24
Condoms are easily available at all	2.84	3.15	2.90	2.48

times of the night				
It is easy to find condoms even after pharmacies close	2.52	2.99	2.77	1.85
<b>Social Norms</b>				
<i>Social norms for condom use with familiar partners</i>	1.98	1.69	1.78	2.40
My peers do not like to use condoms with their regular sexual partners ®	2.00	1.80	1.98	2.22
Other MSM only use condoms with casual partners ®	2.02	1.74	1.89	2.38
People don't use condoms when they are faithful to one partner ®	1.99	1.72	1.71	2.47
Couples stop using condoms once they have been together for a while ®	1.90	1.50	1.56	2.53
<b>ABILITY</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>
<b>Knowledge</b>				
I can get HIV from a single sex act	85.7	89.6	78.5	86.9
I can get HIV through kissing ®	86.8	83	85.9	92
I can get HIV through hugging ®	92.6	91	95.6	92.7
I can get HIV through sharing utensils or food with an infected person ®	87.0	78.5	90.7	84.8
HIV can be transmitted through vaginal fluid	91.3	95.2	95.1	89.3
HIV can be transmitted through semen	94.6	97.2	98.5	95.1
HIV can be transmitted through blood	96.3	95.8	99	94.8
HIV can be transmitted through breast milk	84.1	74.4	87.3	90.3
HIV can be transmitted by mosquitoes ®	69.6	76.1	76.6	58.1
HIV can be transmitted by used injection needles	97.6	99.3	98	95.5
Having an STI (e.g. gonorrhea, syphilis, etc.) can increase the likelihood of contracting HIV	88.9	79.2	92.7	95.8
An HIV test is the only way to tell if one has HIV	90.2	88.9	98.2	90
Using condoms regularly reduces the risk of getting HIV	95.3	95.5	96.6	94.1
Mutual monogamy (faithfulness to one partner) reduces the risk of HIV	94.9	94.5	96.1	94.5
Always using clean/sterile needles reduces the risk of getting HIV	95.4	97.2	94.1	94.5
Unprotected sex can increase the risk of contracting HIV and STIs	95.8	93.8	98	96.2
A healthy-looking person can be infected with HIV	93.5	95.5	97.6	88.6
<b>Self-Efficacy</b>	<b>Mean</b>	<b>Mean</b>	<b>Mean</b>	<b>Mean</b>
<i>Self-efficacy for acquiring condoms</i>	2.67	3.10	2.73	2.18
I would be uncomfortable buying a condom in a public place ®	2.63	3.11	2.63	2.15
I would be uncomfortable getting condoms from a free health facility ®	2.59	2.92	2.75	2.15
I would be uncomfortable buying condoms close to my home ®	2.77	3.27	2.81	2.25

<i>Self-efficacy for condom use in difficult situations</i>	3.18	3.50	3.32	2.76
I can stop before sex to use a condom, even if I am sexually aroused	3.10	3.44	3.28	2.63
I can use condoms without feeling embarrassed	3.31	3.63	3.46	2.90
I can use a condom even if I have consumed (drunk) alcohol	3.13	3.44	3.23	2.76
<i>Self-efficacy for negotiating condom use and refusing sex without a condom</i>	2.94	3.20	3.17	2.53
I am able to refuse sex without condoms even if I'm aroused	2.71	2.95	2.92	2.32
I can convince a new partner that we use a condom	3.15	3.48	3.40	2.66
I could convince my regular partner to use a condom if I wanted to	3.06	3.23	3.34	2.70
I am able to deny sex with a partner who refuses to wear a condom	2.84	3.11	3.03	2.44
<b>Social Support</b>				
<i>Social support received for condom use</i>	3.20	2.93	3.21	3.45
Local health workers encourage me to use condoms	3.33	3.00	3.29	3.68
My friends support my use of condoms	3.29	3.13	3.34	3.41
My sexual partners support my use of condoms	3.21	3.08	3.19	3.37
My friends discuss condom use with me	2.96	2.53	3.02	3.34
<i>Social support given for condom use</i>	3.15	3.02	3.13	3.29
I encourage my peers to use condoms with their casual sexual partner(s)	3.38	3.36	3.43	3.38
I encourage my peers to use condoms with their regular sexual partner(s)	2.76	2.45	2.65	3.14
I encourage my partner(s) to use condoms	3.30	3.23	3.30	3.36
<b>MOTIVATION</b>				
<b>Attitudes</b>				
<i>Attitudes towards effect of condom use on sex</i>	2.25	2.26	2.30	2.20
Using a condom reduces sexual pleasure ®	1.96	1.87	1.86	2.13
Condoms are messy ®	2.45	2.44	2.39	2.51
Using a condom makes sex less adventurous ®	2.18	2.21	2.25	2.09
Using a condom ruins the mood during sex ®	2.40	2.52	2.68	2.08
<i>Attitudes towards condom use with familiar and trusted partners</i>	2.36	2.21	2.15	2.65
It is inappropriate to use condoms with a sexual partner(s) after three months ®	2.47	2.32	2.28	2.75
Condoms are not necessary when I	2.14	1.92	1.86	2.56

trust my partner ®				
If my casual partner is trustworthy I am not going to use a condom ®	2.46	2.40	2.29	2.64
<b>Outcome Expectation</b>				
<i>Perceived efficacy of condoms in HIV and STI prevention</i>	3.62	3.74	3.74	3.43
Condoms are effective in preventing transmission of STIs	3.74	3.82	3.89	3.55
Condoms are effective in preventing HIV transmission	3.71	3.83	3.85	3.50
If I use condoms consistently, it is unlikely that I will get infected with HIV and STIs	3.42	3.57	3.48	3.24
<b>Intentions</b>				
<i>Intentions for condom use</i>	3.61	3.70	3.66	3.49
I plan to use condoms in the future	3.54	3.58	3.46	3.55
I plan to use a condom with someone I don't know very well	3.64	3.72	3.69	3.53
I plan to use condoms consistently with my casual partners	3.61	3.71	3.68	3.46
I plan to use condoms consistently with people I have sex with in exchange for money	3.66	3.78	3.81	3.44
<b>Locus of Control</b>				
<i>Internal locus of control</i>	3.20	3.58	3.50	2.58
I decide whether or not a condom is used with all my sexual partners	3.17	3.63	3.53	2.41
I decide whether or not a condom is used with a commercial sex partner	3.23	3.65	3.60	2.55
I decide whether or not a condom is used with a regular partner	3.07	3.35	3.28	2.63
I decide whether or not a condom is used with a casual partner	3.27	3.67	3.57	2.65
<i>External locus of control</i>	2.89	2.99	2.91	2.76
It is my partner who decides if we are using a condom or not ®	2.71	2.85	2.64	2.63
I have no power to decide when to use a condom with my partner ®	2.91	3.16	2.84	2.69
Alcohol is to blame if I do not use a condom with a sexual partner ®	2.72	2.84	2.67	2.64
I cannot do anything to prevent getting HIV®	2.98	3.12	3.12	2.75
Only God can prevent me from getting HIV ®	3.09	2.96	3.30	3.07
<b>STIs</b>				
Suspected having STI in past 12 months	8.2	8.3	13.7	4.2
Mean number of STI episodes in past 12 months	1.5	1.5	1.5	1.3
Sought medical services for STI in past 12 months (of those who suspected having an STI)	64.1	75.0	60.7	50.0
Mean number of times STI treatment sought (of those who suspected having an STI)	1.3	1.2	1.3	1.3

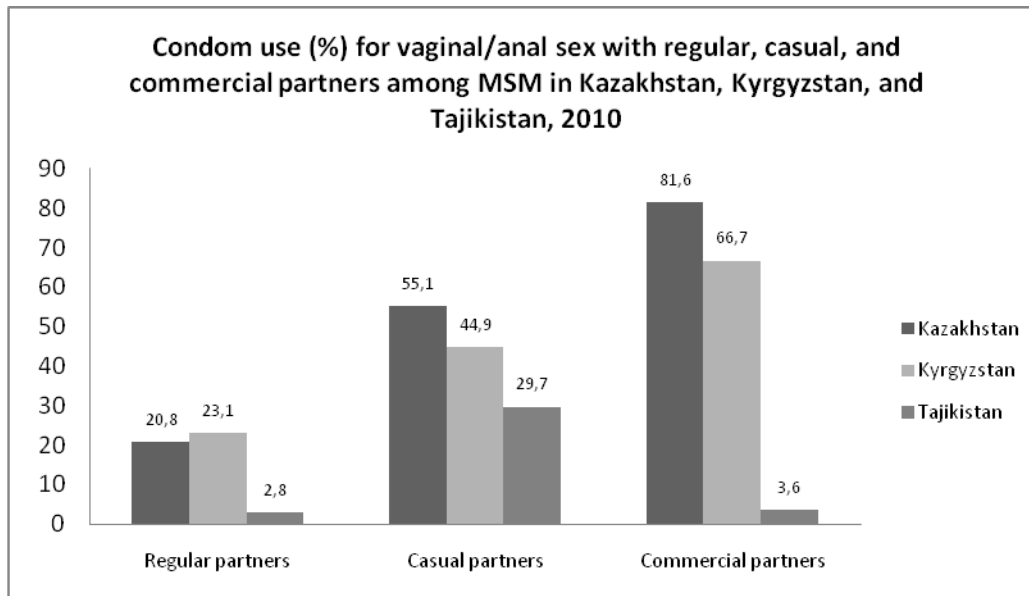
DRUG-INJECTING BEHAVIOR	%	%	%	%
Ever injected drugs	2.7	2.1	1.0	4.5
Mean age of first injection (of those who ever injected drugs)	16.9	15.9	23.0	17.2
Injected daily in the last 6 months (of those who ever injected drugs)	13.0	25.0	-	23.1
Received help from someone during first injection (of those who ever injected drugs)	31.1	50.0	100.0	23.1

Note:

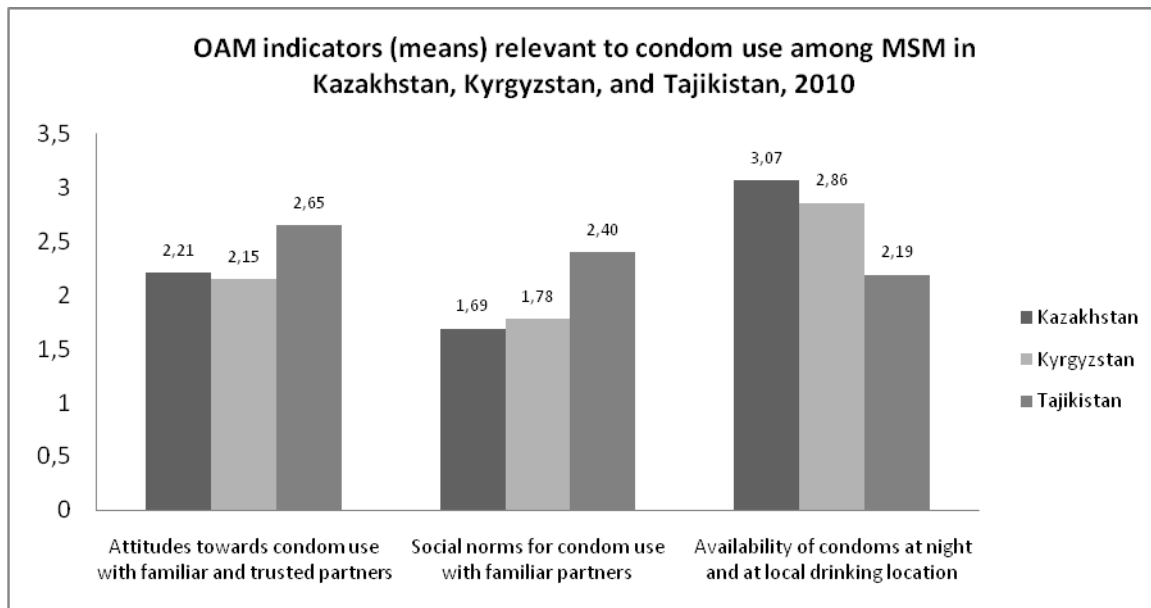
1. Scale values range from 1 to 4: 1 = strongly disagree; 2 = disagree; 3 = agree; and 4 = strongly agree.
2. ® indicates reverse-coded items. Scores for these items have been reversed so that a high score signifies a positive/desired response. Wording of these items has not been reversed and they read as they were presented to the respondents. For knowledge-based items, the scores for these items have been reversed where the item is factually incorrect, so that the percentage presented comprises those who knew the correct answer.



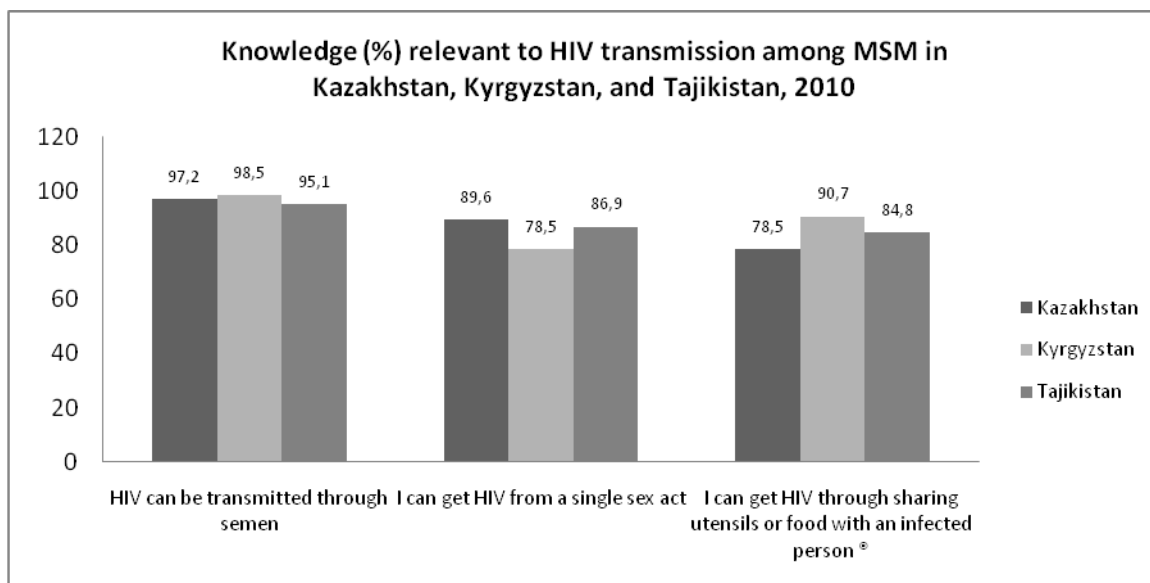
## Monitoring Table 1 Graph 1: KEY PERCENTAGE RESULTS



## Monitoring Table 1 Graph 2: KEY MEAN RESULTS



### Monitoring Table 1 Graph 3: KEY KNOWLEDGE RESULTS (%)



**Monitoring Table 2**

VCT utilization among MSM in Kazakhstan, Kyrgyzstan, and Tajikistan, 2010

**Risk Group: Men who have sex with men****Behavior: VCT utilization**

INDICATORS	Total N=783	Kazakhstan N=289	Kyrgyzstan N=205	Tajikistan N=289
BEHAVIOR/USE	%	%	%	%
Tested for HIV and received results in last 12 months	26.1	40.8	23.9	12.8
Ever been tested for HIV	33.2	49.8	36.1	14.5
Of those ever tested, average number of times tested for HIV in last 12 months	1.5	1.3	1.2	2.3
Received HIV test results (of those ever tested)	92.4 (n=262)	97.2 (n=144)	85.1 (n=74)	70.5 (n=44)
Disclosed test results to someone (of those ever tested)	57.3 (n=252)	57.1 (n=140)	64.9 (n=74)	43.6 (n=39)
Received counseling at the test center (of those ever tested)	48.5 (n=262)	43.1 (n=144)	43.2 (n=74)	75 (n=44)
Received counseling alone, without a partner (of those who received counseling)	81.5 (n=130)	85.7 (n=63)	84.4 (n=32)	71.4 (n=35)
Referred for other services after VCT (of those who received counseling at test site)	31.8 (n=130)	23.8 (n=63)	12.5 (n=32)	62.9 (n=35)
Satisfied with the counseling received at test center (very satisfied and satisfied)	73.1 (n=130)	73.0 (n=63)	75.0 (n=32)	71.4 (n=35)
Satisfied (very satisfied and satisfied) with the VCT services received (of those who received counseling at test site) <sup>6</sup>	76.2 (n=130)	76.2 (n=63)	75.0 (n=32)	77.1 (n=35)
Would return back for VCT service in that center (of those who received counseling at test site)	82.3 (n=130)	82.5 (n=63)	75.0 (n=32)	88.6 (n=35)
Would recommend the service to anyone (of those who received counseling at test site)	81.5 (n=130)	85.7 (n=63)	75.0 (n=32)	80.0 (n=35)
Intends to get tested in next 12 months	73.2	68.2	81.0	72.7
OPPORTUNITY	Mean	Mean	Mean	Mean
<b>Availability</b> (No scales formed)				
I know where I can for voluntary counseling and testing for HIV	3.29	3.39	3.07	3.36
<b>Social Norms</b>				
<i>Social norms for getting tested for HIV and disclosing HIV status</i>	2.83	2.61	2.80	3.06
My friends believe getting tested for HIV regularly is important	3.04	2.81	3.04	3.26

<sup>6</sup> This question was only asked of those who received counseling at the testing site and not of all the respondents who had been tested and/or had received any counseling.

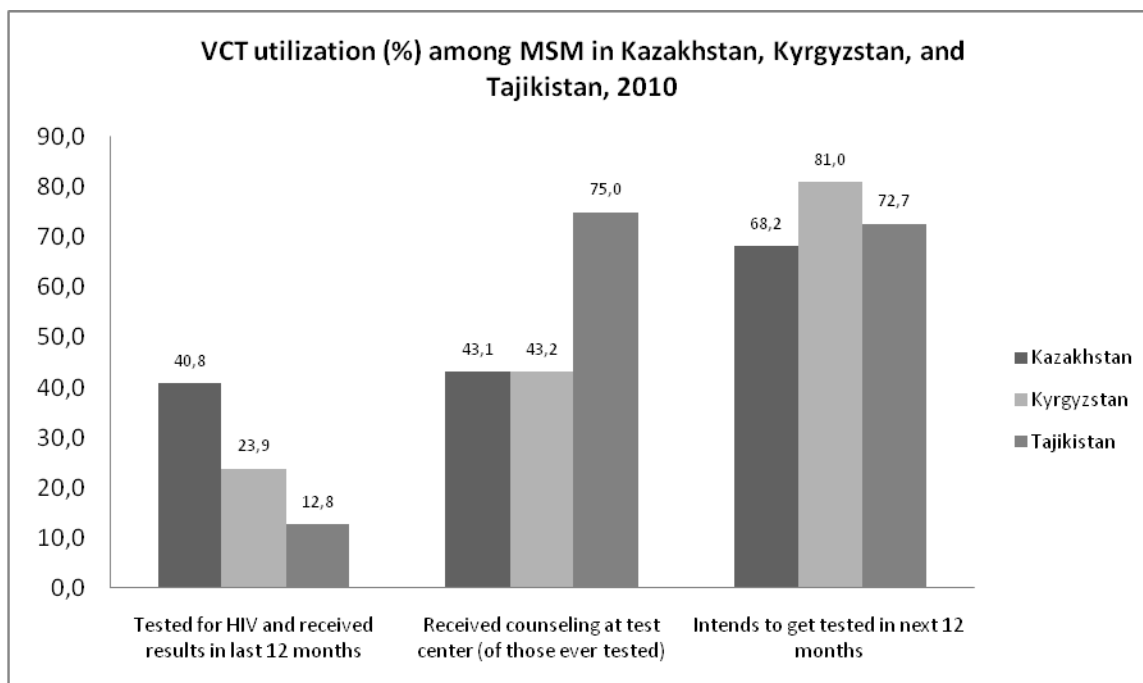
People in my network often disclose their HIV status with their partners	2.64	2.43	2.61	2.86
People in my network are comfortable discussing getting tested for HIV with their close family	2.64	2.47	2.65	2.80
People in my network often discuss getting tested for HIV with their friends	2.73	2.50	2.76	2.94
People in my network disclose their HIV status to their family	2.75	2.55	2.58	3.08
People in my network disclose their HIV status to their healthcare provider	3.16	2.93	3.13	3.42
<b>ABILITY</b>				
<b>Self-Efficacy</b>				
<i>Self efficacy for getting tested for HIV and disclosing status</i>	3.42	3.45	3.39	3.42
I am confident that I could go and get tested for HIV if I needed to	3.68	3.87	3.65	3.50
I am confident that I could reveal my status (positive or negative) to my family	3.14	3.08	3.04	3.27
I am confident that I could reveal my status (positive or negative) to my health professional	3.45	3.41	3.48	3.48
<b>Social Support</b>				
<i>Social support received for HIV testing and potential treatment</i>	2.94	2.46	2.88	3.46
My family members encourage me to get tested for HIV	2.80	2.32	2.72	3.34
Health practitioner(s) encourage me to get tested for HIV	3.10	2.51	3.03	3.75
My friends encourage me to get tested for HIV	2.92	2.57	2.88	3.30
My family would support me if I were to be treated for HIV	3.47	3.35	3.41	3.61
<i>Social support received and given for HIV testing</i>	3.14	2.87	3.31	3.31
My long-term partner supports my decision to get tested for HIV	3.05	2.73	3.11	3.33
I would encourage my partner(s) to get tested for HIV	3.20	2.96	3.42	3.27
I would encourage my friends to get tested for HIV	3.19	2.91	3.40	3.32
<b>MOTIVATION</b>				
<b>Beliefs</b>				
<i>Beliefs about who needs to get tested for HIV</i>	2.75	3.17	2.95	2.18
Voluntary counseling and testing is only for HIV positive people ®	2.69	3.09	3.05	2.03
Voluntary counseling and testing is only for promiscuous people ®	2.73	3.17	2.94	2.15
I should only go for Voluntary counseling and testing when I am sick or ill ®	2.81	3.24	2.86	2.35
<b>Intentions</b>				

<i>Intentions to get tested</i>	2.47	2.33	2.66	2.47
I plan to get tested for HIV with my partner(s) in the next three months	2.53	2.31	2.71	2.63
I plan to get tested before I have sex with a new partner	2.39	2.26	2.61	2.36
I plan to get tested after I have sex with a new partner ®	2.48	2.42	2.65	2.42

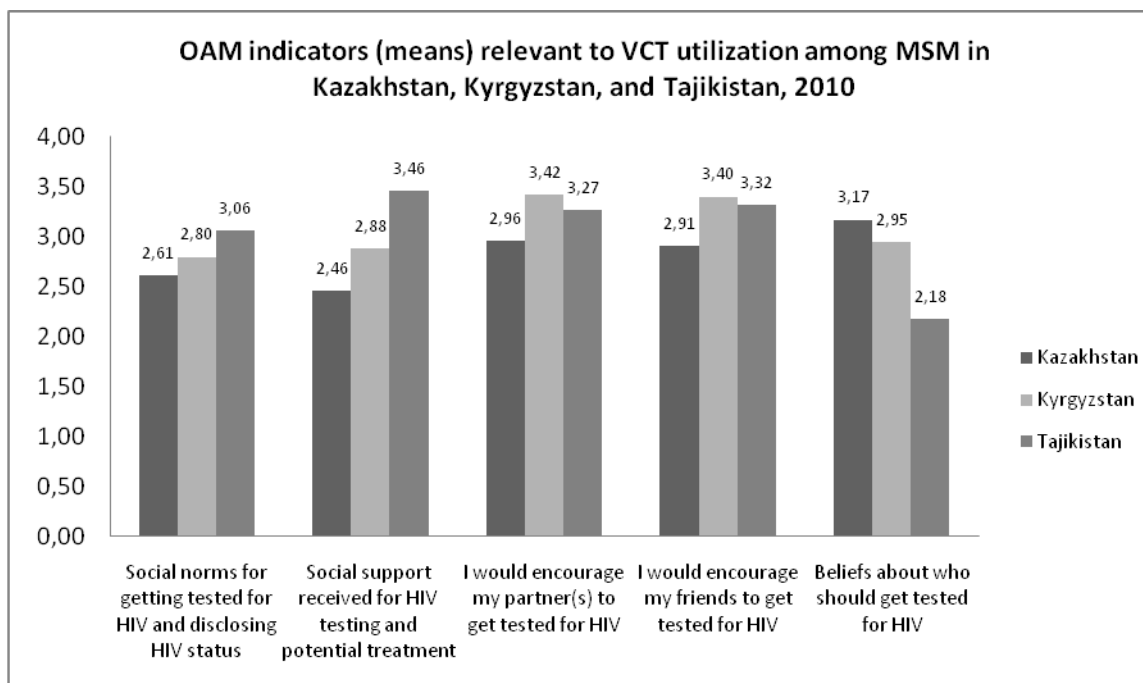
Note:

1. Scale values range from 1 to 4: 1 = strongly disagree; 2 = disagree; 3 = agree; and 4 = strongly agree.
2. ® – Reverse-coded items

## Monitoring Table 2 Graph 1: KEY PERCENTAGE RESULTS



## Monitoring Table 2 Graph 2: KEY MEAN RESULTS



### Monitoring Table 3

TB testing and treatment among MSM in Kazakhstan, Kyrgyzstan, and Tajikistan, 2010

**Risk Group: *Men who have sex with men***

**Behavior: *TB testing and treatment***

INDICATORS	Total N=783	Kazakhstan N=289	Kyrgyzstan N=205	Tajikistan N=289
<b>BEHAVIOR/USE</b>				
Tested for TB in last 12 months	29.2	37.7	36.1	15.9
Tested for TB and received results in last 12 months	28.1	36.0	35.1	15.2
Knows where to seek TB testing	88.5	90.0	83.4	90.7
Received TB test results (of those tested in the last 12 months)	96.1 (n=229)	95.4 (n=109)	97.3 (n=74)	95.7 (n=46)
Tested positive for TB (of those tested in the last 12 months)	1.3 (n=229)	0.0 (n=109)	1.4 (n=74)	4.5 (n=44)
Referred for further tests (of those tested in the last 12 months)	12.7 (n=229)	4.6 (n=109)	10.8 (n=74)	34.8 (n=46)
Received TB treatment (of those tested in the last 12 months)	4.8 (n=229)	3.7 (n=109)	1.4 (n=74)	13.0 (n=46)
Completed TB treatment (of those treated)	90.9 (n=11)	75.0 (n=4)	100.0 (n=1)	100.0 (n=6)
Satisfied with the testing service received	79.0 (n=229)	78.9 (n=109)	85.1 (n=74)	69.6 (n=46)
Feels at risk of TB	27.2	24.2	42.0	19.7
Would encourage family/friends for TB testing	89.8	90.0	93.2	87.2
Feels family would provide support if tested positive for TB	89.5	89.6	94.1	86.2
Could tell family members if had TB	30.4	21.8	22.0	45.0
Could tell friends if had TB	42.7	25.6	27.3	70.6
Feels can access TB testing and treatment if needed	87.7	87.9	93.7	83.3
Feels can get proper TB treatment	71.6	69.9	68.8	75.4
Agrees that non-completion of TB treatment could result in a more serious form of TB	89.5	91.0	91.2	86.9
<b>ABILITY</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>
<b>Knowledge</b>				
TB is curable with the right treatment.	94.1	97.2	97.6	88.6
TB treatment is free of charge.	61.9	74.0	61.5	50.2
TB medication is free of charge.	59.1	71.3	57.1	48.4
Untreated TB can cause death.	94.8	95.5	98.5	91.3
TB is spread from one person to the other through coughing and spitting.	96.4	98.3	97.1	94.1
TB is spread from one person to another through the air.	87.7	93.8	72.2	92.7

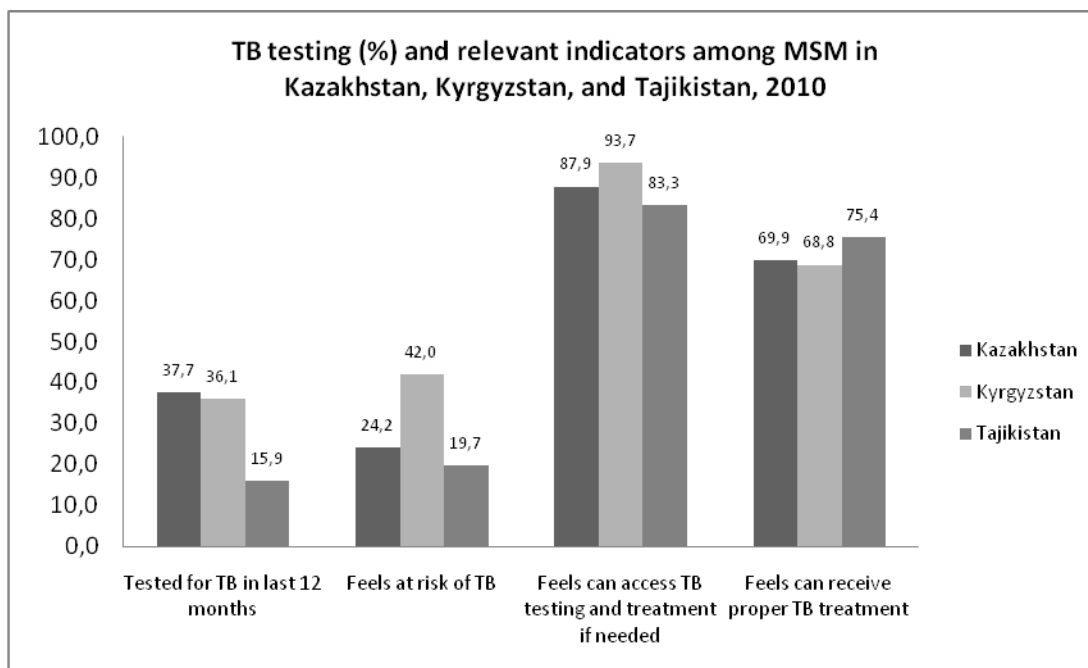
TB is caused by germs called bacteria.	85.6	90.0	82	83.7
I can get TB by shaking hands with someone. ®	70.8	68.5	69.8	73.7
I can get TB by eating with someone. ®	41.9	46.7	24.4	49.5
I can get TB from drinking raw milk from infected animals.	67.6	64.0	78.5	63.3
Everyone who gets infected with the TB bacteria will get sick. ®	12.3	12.8	11.7	12.1
Anyone can get TB.	77.4	92	90.2	53.6
Some people can get TB easier than others.	89.1	87.2	91.7	89.3
People with HIV are more at risk of TB.	81.4	82.7	96.1	69.6
People with TB are more at risk of HIV. ®	30.8	31.5	26.3	33.4
TB can affect other parts of the body besides the lungs.	81.5	78.2	79.5	86.2
If you have TB, you may have to take medicine, even if you don't feel sick.	89.0	90.7	85.4	90.0
If you stop TB treatment before completion, the disease could relapse with drug resistance.	75.7	85.8	73.2	67.5

Note:

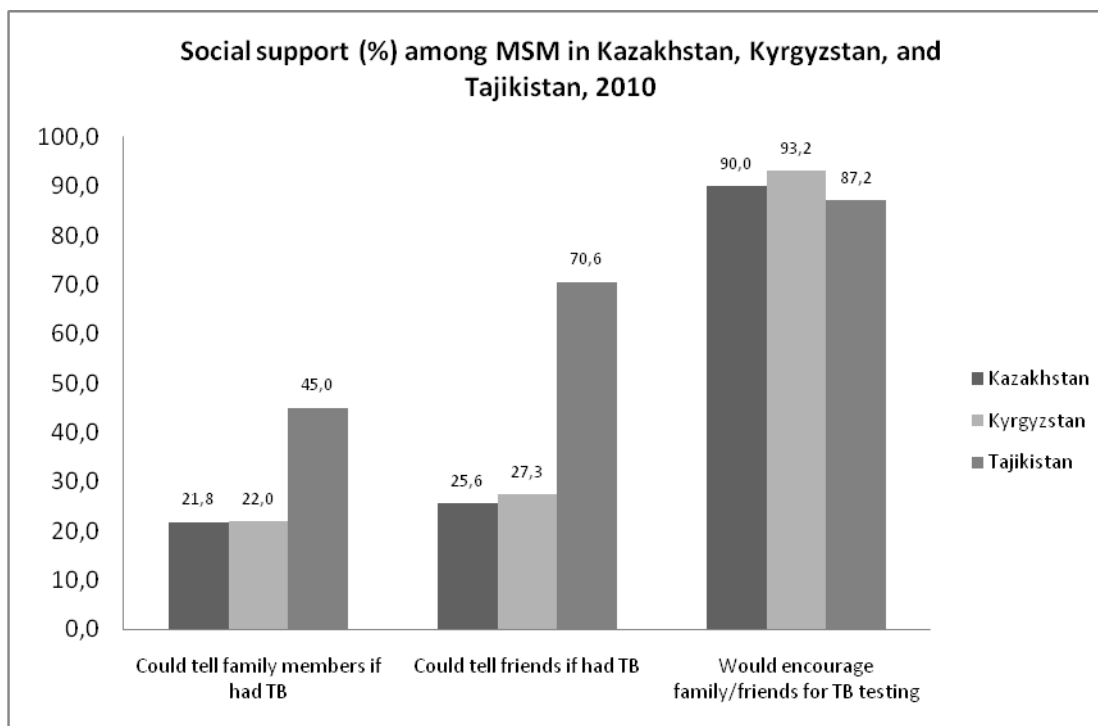
1. Scale values range from 1 to 4: 1 = strongly disagree; 2 = disagree; 3 = agree; and 4 = strongly agree.
2. ® – Reverse-coded items



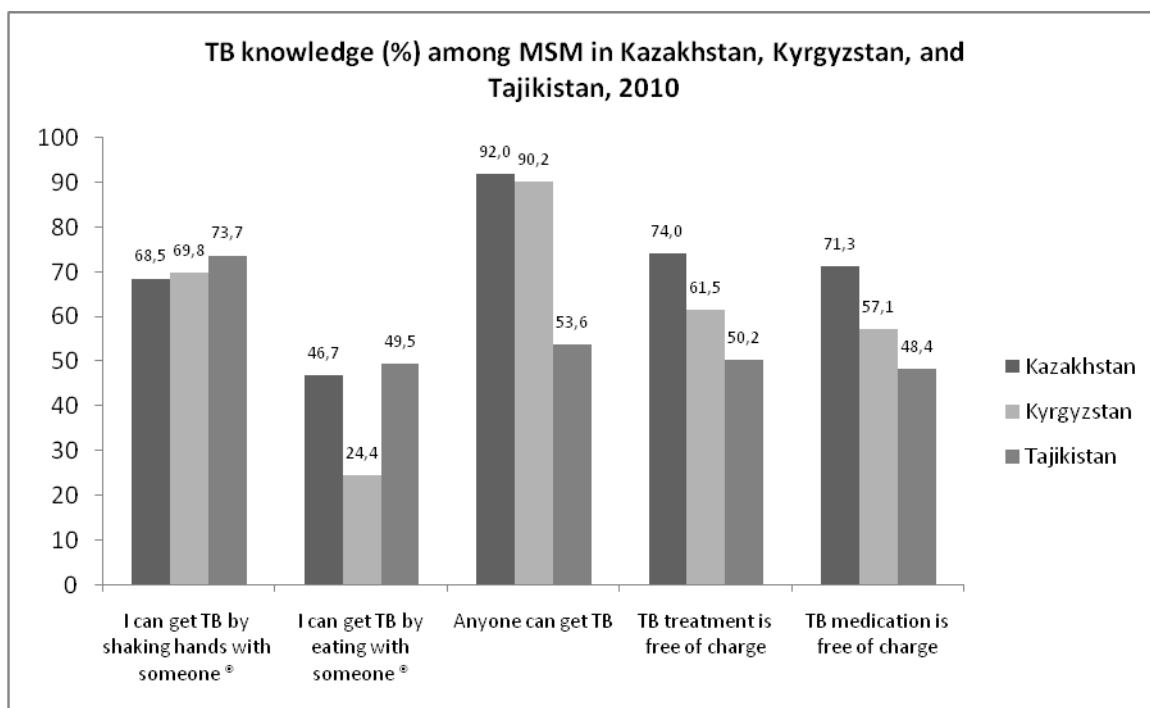
### Monitoring Table 3 Graph 1: KEY PERCENTAGE RESULTS



### Monitoring Table 3 Graph 2: KEY SOCIAL SUPPORT RESULTS (%)



**Monitoring Table 3 Graph 2: KEY KNOWLEDGE RESULTS (%)**



**Monitoring Table 4**

Exposure to HIV and TB programs among MSM in Kazakhstan, Kyrgyzstan, and Tajikistan, 2010

**Risk Group:** *Men who have sex with men*

**Behavior:** *Exposure*

INDICATORS	Total N=783	Kazakhstan N=289	Kyrgyzstan N=205	Tajikistan N=289
<b>EXPOSURE TO HIV AND TB PREVENTION PROGRAMS</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>
Interacted with an outreach/peer educator in last 12 months	35.5	24.9	69.3	22.1
Mean number of contacts with outreach/peer educator	11.1 (n=206)	5.97 (n=63)	19.43 (n=91)	2.71 (n=52)
Received condoms for free in last 12 months	35.8	27.0	65.9	23.2
Participated in HIV educational session that lasted an hour or more in last 12 months	22.7	8.7	45.9	20.4
Participated in TB educational session that lasted an hour or more in last 12 months	15.7	4.8	26.5	19
Received HIV/AIDS brochures in last 12 months	33.1	21.8	64.4	22.1
Received TB brochures in last 12 months	21.7	7.6	43.4	20.4
Received counseling on TB from outreach/peer worker in last 12 months	22.2	6.6	45.9	21.1
Participated in organized event in last 12 months	31.8	14.9	44.9	39.4
Participated in client management with social worker	13.7	1.7	16.6	23.5

### Segmentation Table 1

Determinants of consistent condom use among MSM in Kazakhstan, Kyrgyzstan, and Tajikistan, 2010

**Risk Group: Men who have sex with men**

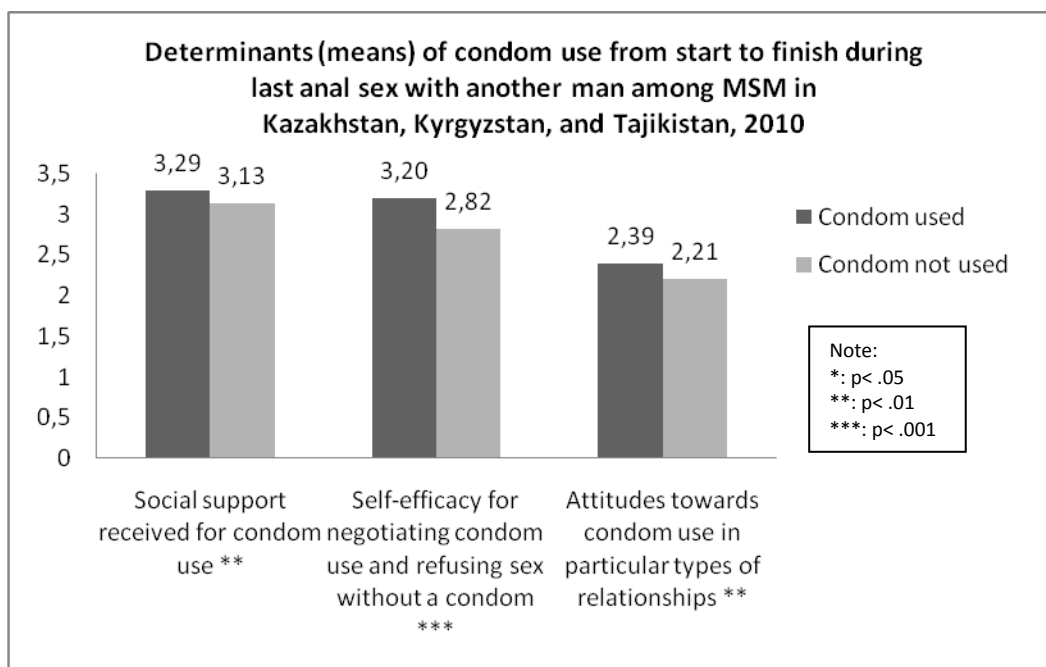
**Behavior: Used condom from start to finish during last anal sex with another man**

INDICATORS	Behavior N=327 43%	Non-Behavior N=430 57%	OR	Sig.
<b>ABILITY</b>	Mean	Mean		
<i>Social support received for condom use</i>	3.29	3.13	1.59	**
<i>Self-efficacy for negotiating condom use and refusing sex without a condom</i>	3.20	2.82	2.28	***
<b>MOTIVATION</b>	Mean	Mean		
<i>Attitudes towards condom use with familiar and trusted partners</i>	2.39	2.21	1.40	**
<i>Intentions for condom use</i>	3.68	3.58	1.58	*
<b>Population Characteristics</b>	%	%		
<i>Age above 26 yrs</i>	53.7	39.9	1.77	**

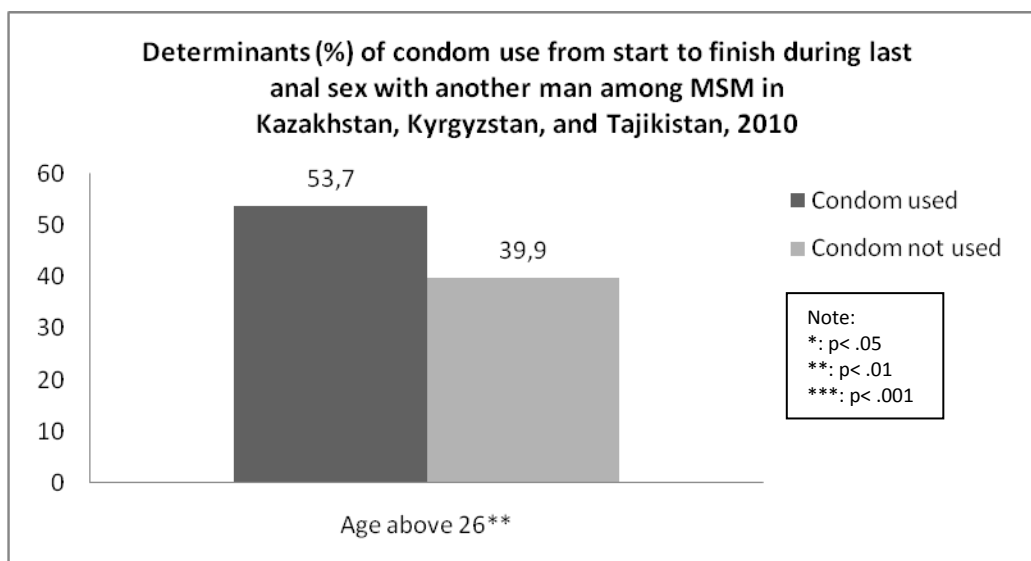
Note:

1. In "Sig" column, asterisks indicate significance: n/s: not significant; \*: p<.05; \*\*: p<.01; \*\*\*: p<.001.
2. Scale values range from 1 to 4: "1=strongly disagree, 2=disagree, 3=agree, 4=strongly agree"
3. Omnibus  $\chi^2$  (df=8): 165.266, p<.001
4. GOF  $\chi^2$  (df=8): 5.626, n/s (0.689)
5. Cox & Snell R<sup>2</sup>=.196 Nagelkerke R<sup>2</sup>= .263

### Segmentation Table 1 Graph 1: KEY MEAN RESULTS



### Segmentation Table 1 Graph 2: KEY PERCENTAGE RESULTS



## Segmentation Table 2

Determinants of VCT utilization among MSM in Kazakhstan, Kyrgyzstan, and Tajikistan, 2010

**Risk Group:** *Men who have sex with men*

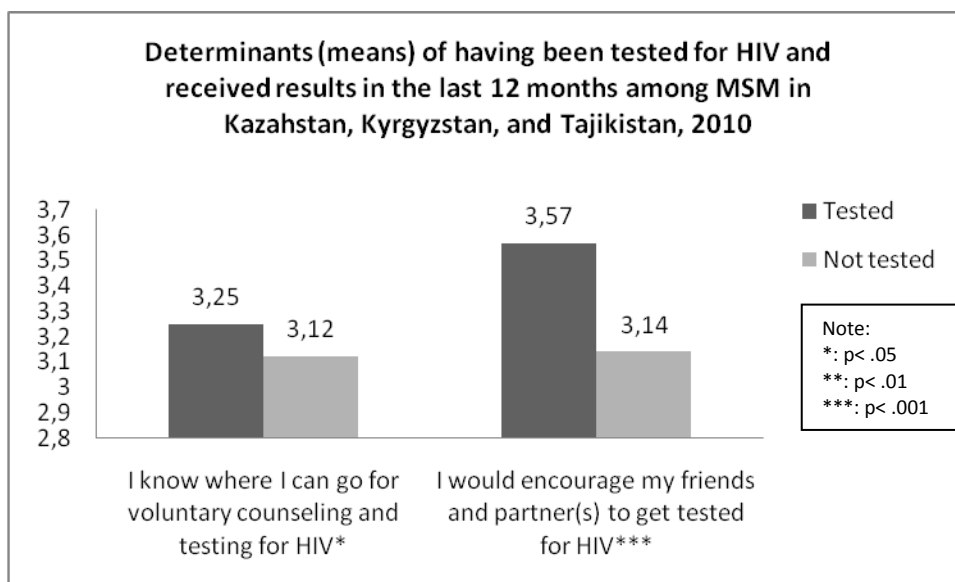
**Behavior:** *Tested for HIV and received results in the last 12 months*

INDICATORS	Behavior N=217 27%	Non-Behavior N=562 73%	OR	Sig.
<b>OPPORTUNITY</b>	Mean	Mean		
<i>Availability (I know where I can go for voluntary counseling and testing for HIV)</i>	3.25	3.12	1.26	*
<b>ABILITY</b>	Mean	Mean		
<i>Social support given for HIV testing (I would encourage my friends and partner(s) to get tested for HIV)</i>	3.57	3.14	2.39	***
<b>Population Characteristics</b>	%	%		
<i>Age above 26 yrs</i>	53.3	42.9	1.53	*

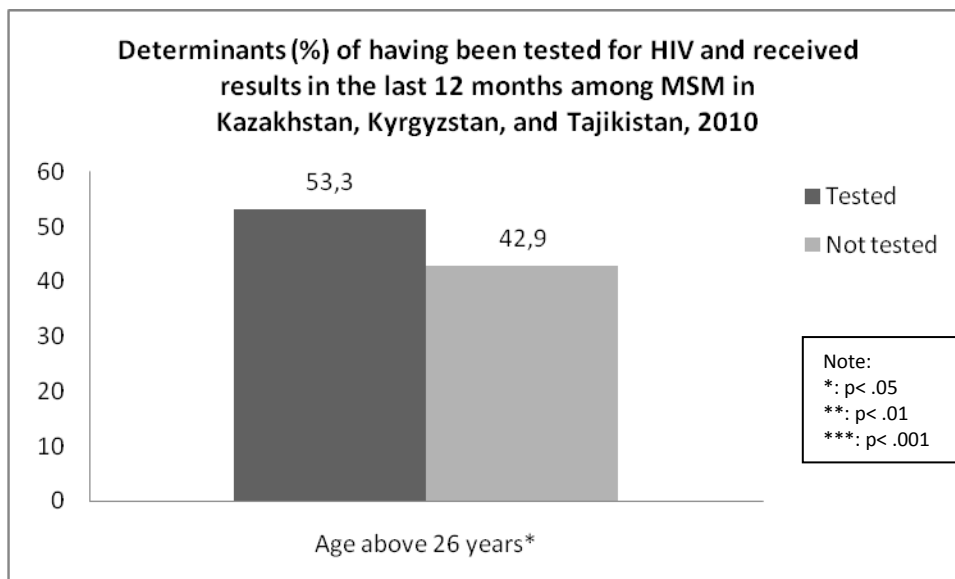
Note:

1. In "Sig" column, asterisks indicate significance: n/s: not significant; \*: p<.05; \*\*: p<.01; \*\*\*: p<.001.
2. Scale values range from 1 to 4: "1=strongly disagree, 2=disagree, 3=agree, 4=strongly agree"
3. Omnibus  $\chi^2$  (df=6): 125.46, p<.001
4. GOF  $\chi^2$  (df=6): 11.55, n/s (0.172)
5. Cox & Snell R<sup>2</sup>=.149Nagelkerke R<sup>2</sup>= .214

## Segmentation Table 2 Graph 1: KEY MEAN RESULTS



## Segmentation Table 2 Graph 2: KEY PERCENTAGE RESULTS



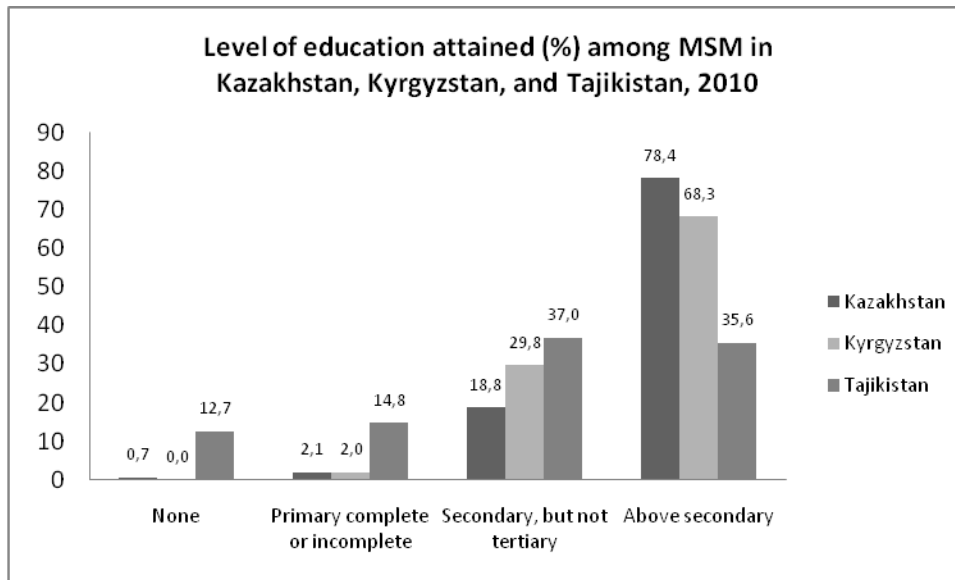
## POPULATION CHARACTERISTICS

MSM in Kazakhstan, Kyrgyzstan, and Tajikistan, 2010

POPULATION CHARACTERISTICS	Total March/ 2010 N=783	Kazakhstan March/ 2010 N=289	Kyrgyzstan March/ 2010 N=205	Tajikistan March/ 2010 N=289
Age	27.4	27.7	25.9	28.1
Has children	25.1	15.3	16.6	41.4
<i>Level of Education Attained</i>				
• None	4.9	0.7	0.0	12.7
• Primary complete or incomplete	6.7	2.1	2.0	14.8
• Secondary, but not tertiary	28.4	18.8	29.8	37.0
• Above secondary	60.0	78.4	68.3	35.6
<i>Marital Status</i>				
• Single/never married	65.3	75.4	76.8	47.2
• Not married/cohabiting	7.1	12.0	6.9	2.4
• Married/cohabiting	16.6	3.9	8.9	34.6
• Widowed/divorced/separated	11.0	8.8	7.4	15.7
<i>Nationality</i>				
• Kazakh	10.8	26.4	4.5	0.0
• Kyrgyz	11.6	0.0	43.8	0.3
• Uzbek	11.8	2.9	3.0	26.8
• Tajik	25.1	1.1	0.5	65.9
• Russian	35.3	63.6	36.3	7.0
• Other	5.3	6.1	11.9	0.0



## Population Characteristics: KEY RESULTS



## RELIABILITY ANALYSIS 1

Consistent condom use among MSM in Kazakhstan, Kyrgyzstan, Tajikistan, 2010

**Risk Group: Men who have sex with men**

**Behavior: Consistent condom use**

Composite Variables	2010 (N=783) Cronbach's Alpha
<b>OPPORTUNITY</b>	
<i>Availability: General availability of condoms</i>	
1. Condoms are available within 10 minutes of where I hang out	
2. Pharmacies near my house have condoms for sale	
3. It is always easy to get a condom when I need one	
4. Condoms are easily available all times of the day	<b>0.86</b>
<i>Availability: Availability of condoms at night and at local drinking location</i>	
1. Condoms are easily available at my local drinking place	
2. Condoms are easily available at all times of the night	
3. It is easy to find condoms even after pharmacies close	<b>0.77</b>
<i>Social Norms: Social norms for condom use with familiar partners</i>	
1. My peers do not like to use condoms with their regular sexual partners ®	
2. Other MSM only use condoms with casual partners ®	
3. People are not using a condom when they are faithful to one another ®	
4. Couples stop using condoms once they have been together for a while ®	<b>0.75</b>
<b>ABILITY</b>	
<i>Self-Efficacy: Self-efficacy for acquiring condoms</i>	
1. I would be uncomfortable to buy a condom in a public place ®	
2. I would be uncomfortable to get condoms from a free health facility ®	
3. I would be uncomfortable to buy condoms close to my home ®	<b>0.85</b>
<i>Self-Efficacy: Self-efficacy for negotiating condom use and refusing sex without a condom</i>	
1. I am able to refuse sex without condoms even if I'm excited	
2. I can convince my partner that we use a condom	
3. I could convince my regular partner to use a condom if I wanted to	
4. I am able to deny sex with a partner who refuses to wear a condom	<b>0.83</b>
<i>Social support: Social support received for condom use</i>	
1. Local health workers encourage me to use condoms	
2. My friends support my condom use	
3. My sexual partners support my condom use	
4. My friends discuss condom use with me	<b>0.83</b>
<i>Social support: Social support given for condom use</i>	
1. I encourage my peers to use condoms with their casual sexual partner(s)	
2. I encourage my partners to use condoms	
3. I encourage my peers to use condoms with their regular sexual partner(s)	
<b>MOTIVATION</b>	
<i>Attitudes: Attitudes towards effect of condom use on sex</i>	
1. Using a condom reduces sexual pleasure ®	
2. Condoms are messy ®	
3. Using a condom makes sex less adventurous ®	
4. Using a condom ruins the mood during sex ®	<b>0.77</b>
<i>Attitudes: Attitudes towards condom use with familiar and trusted partners</i>	
1. It is inappropriate to use condoms with a sexual partner/s after three months ®	
2. Condoms are not necessary when I trust my partner ®	
3. If my casual partner is trustworthy I am not going to use a condom ®	<b>0.75</b>
<i>Intentions: Intentions for condom use</i>	
1. I plan to use condoms in the future	
2. I plan to use a condom with someone I don't know very well	
3. I plan to use condoms consistently with my casual partners	<b>0.90</b>

4. I plan to use condoms consistently with people I have sex with in exchange for money	
<i>Locus of Control: Internal</i>	
1. I decide whether or not a condom is used with all my sexual partners	<b>0.75</b>
2. I decide whether or not a condom is used with a commercial sex partner	
3. I decide whether or not a condom is used with a regular partner	
4. I decide whether or not a condom is used with a casual partner	
<i>Locus of Control: External</i>	
1. It is my partner who decides if we are using a condom or not ®	<b>0.75</b>
2. I have no power to decide when to use a condom with my partner ®	
3. Alcohol is to blame if I do not use a condom with a sexual partner ®	
4. I cannot do anything to prevent HIV infection ®	
5. Only God can prevent me from getting HIV ®	
<i>Threat severity</i>	<b>0.56 (not reliable)</b>

## RELIABILITY ANALYSIS 2

VCT utilization among MSM in Kazakhstan, Kyrgyzstan, and Tajikistan, 2010

**Risk Group: Men who have sex with men**

**Behavior: VCT utilization**

Composite Variables	2010 (N=783) Cronbach's Alpha
<b>OPPORTUNITY</b>	
<i>Availability: VCT available nearby</i>	<b>0.67 (not reliable)</b>
<i>Social Norms: Social norms for getting tested for HIV and disclosing HIV status</i>	
<ol style="list-style-type: none"> <li>1. My friends believe getting tested for HIV regularly is important</li> <li>2. People in my network often disclose their HIV status with their partners</li> <li>3. People in my network are comfortable discussing getting tested for HIV with their close family</li> <li>4. People in my network often discuss getting tested for HIV with their friends</li> <li>5. People in my network disclose their HIV status to their family</li> <li>6. People in my network disclose their HIV status to their health care provider</li> </ol>	<b>0.85</b>
<b>ABILITY</b>	
<i>Social Support: Social support received for HIV testing and potential treatment</i>	
<ol style="list-style-type: none"> <li>1. My family members encourage me to be tested for HIV</li> <li>2. Health practitioners encourage me to get tested for HIV</li> <li>3. My friends encourage me to get tested for HIV</li> <li>4. My family would support me if I were treated for HIV</li> </ol>	<b>0.85</b>
<i>Social Support: Social support received and given for HIV testing</i>	
<ol style="list-style-type: none"> <li>1. My long term partner support my decision to be tested for HIV</li> <li>2. I would encourage my partner to get tested for HIV</li> <li>3. I would encourage my friends to get tested for HIV</li> </ol>	<b>0.86</b>
<b>MOTIVATION</b>	
<i>Beliefs: Beliefs about who needs to get tested for HIV</i>	
<ol style="list-style-type: none"> <li>1. Voluntary counseling and testing is only for HIV positive people ®</li> <li>2. Voluntary counseling and testing is only for promiscuous people ®</li> <li>3. I should only go for VCT when I am sick or ill ®</li> </ol>	<b>0.87</b>
<i>Intentions: Intentions to get tested</i>	
<ol style="list-style-type: none"> <li>1. I plan to get tested for HIV with my partner(s) in the next three months</li> <li>2. I plan to get tested before I have sex with a new partner</li> <li>3. I plan to get tested after I have sex with a new partner</li> </ol>	<b>0.85</b>